



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 107377		2. Exact name of the limited liability company JEAN AND ANGELA REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, OWN, DEVELOP AND SELL REAL ESTATE			
5. Principal office address 1000 CHAPEL VIEW BOULEVARD, SUITE 220		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sheryl A. Costantino, Trustee			Contact Title		
Street Address 1000 CHAPEL VIEW BOULEVARD, SUITE 220		City CRANSTON	State RHODE ISLAND	Zip 02920	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name BENJAMIN G. PASTER, ESQ.			Address 1000 CHAPEL VIEW BOULEVARD, SUITE 220		
Address PASTER & HARPOOTIAN, LTD.			City CRANSTON	Zip 02920	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

107377
FILED

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Sheryl A. Costantino 11/1/10
Signature of Authorized Person Date

Sheryl A. Costantino, Trustee

Print or Type Name of Authorized Person

File Date	JUN 23 2011
Check No.	BY 4076
By:	
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